

YOUTH SERVICES FMLA ELIGIBILITY CHECKLIST

EMPLOYEE NAME: _____

JOB TITLE: _____ **PERSONNEL#:** _____

Instructions: To determine employee eligibility, the unit's HR Liaison shall complete the following checklist. If the answer is "Yes", go to the next question. If the answer is "No", the employee does not qualify for FMLA leave.

1. ☐ The employee works for the State of Louisiana.
2. ☐ The employee has worked for the State of Louisiana for at least 12 months prior to leave request (need not be consecutive). The 12 months is defined as 52 weeks, and any part of a week is counted as a full week.
3. ☐ The employee has worked at least 1,250 hours over the 12 months preceding the date of commencement of FMLA leave. Annual leave, sick leave and compensatory leave are not counted as hours worked.
4. ☐ The employee is requesting FMLA for one (1) or more of the following reasons (circle all applicable):
 - a. For the birth of a child of the employee and to care for such son or daughter.
 - b. Placement of a son or daughter with the employee for adoption or foster care.
 - c. To care for the employee's spouse, son, daughter or parent with a serious health condition.
 - d. Because of a serious health condition that makes the employee unable to perform the functions of the job.
5. ☐ The employee does have leave available from the 12-week entitlement. The 12-month period is measured from the date of first use.

If all answers are yes, the employee is entitled to FMLA.

HR Liaison Signature

HR Liaison Name (Printed)

Date

c: PSS HR Employee FMLA File